



STATEMENT OF UNDERSTANDING (SOU)

The Government Travel Charge Card (GTCC) is mandated to be used by DoD personnel to pay for authorized expenses when on official travel unless an exemption is granted. This includes temporary duty travel (TDY), and, per Component guidance, permanent change of station (PCS) travel.

Cardholder must check off each item below.

I understand that I am being directed to:

Use my card only for expenses incurred by me for official travel and if applicable for my dependents.

Confirm receipt of my GTCC upon delivery.

Ensure that my card is activated by my APC prior to ticketing and travel.

Pay all my undisputed charges by the due date on my billing statement, regardless if my travel voucher has been processed.

Use split disbursement to pay for all outstanding charges.

Charge my official expenses to the GTCC wherever possible rather than use cash withdrawals or another form of payment.

File my travel voucher within five working days after completing my travel.

Obtain tax exemption information prior to my trip from <https://smartpay.gsa.gov/content/state-tax-information>.

Keep my account number, expiration date and contact information updated in DTS.

Update my contact information with the travel card vendor, when necessary.

Notify the travel card vendor, and my APC, if my GTCC is lost or stolen.

Complete "Travel Card 101" training initially, and refresher training every three years thereafter.

Complete a "NEW" SOU upon arrival at each new duty assignment, or every three years.

I understand that:

Disputes must be submitted within 60 calendar days from the statement date.

If I misuse the card, I will be subject to administrative or disciplinary action.

Cash withdrawal fees are part of incidental expenses and not separately reimbursable.

Online, and mobile, access to my account is available at [citimanager.com](http://citimanager.com).

For additional information on the Travel Card, refer to your APC and the DoD GTCC Regulations (<https://www.defensetravel.dod.mil/Docs/regulations/GTCC.pdf>).

APC's Name: \_\_\_\_\_ APC's Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Applicant Name/Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Name/Signature